BUSINESS TAX RECEIPT
PROPERTY RENTAL (NON-TRANSIENT)

(Revised 12/16/2019)

CITY OF KEY WEST
PO Box 1409 (1300 White St.)
Key West, FL 33041
(305) 809-3955
licensing@cityofkeywest-fl.gov

Action: ___ New ___ Transfer of ownership

Application date: _____

Number of Units: _____

Property Address: _____

Business Name: _____

Business Owner: _____

Mailing Address: _____

Email Address: _____

Contact Phone #: _____ EIN or last 4-digits of SSN: _____

Property Management Co. (if applicable): _____

Ownership transfers only:

Previous owner: _____

This Business Tax Receipt is being issued in accordance with Chapter 66, City of Key West Municipal Code. By signing below, I certify that the above information is true, complete, and correct.

Signature: _____

Date: _____

Notary: State of _____, County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____ by _____.

Notary signature: _____

___ Personally known ___ Produced ID: _____

OFFICE USE ONLY

BUSINESS TAX FEES:

Pro-rated annual BTR fee: _____

Transfer fee: _____

Delinquency fee: _____

Non-conformance penalty: _____

TOTAL FEES DUE/COLLECTED: _____

Business Tax Receipt #: _____

Licensing Rep: _____

Date: _____

Required back-up documents:

___ Copy of state name registrations (corporation/LLC/fictitious name) www.sunbiz.org

___ Copy of lease, deed or Monroe County property card